

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09802994</i>	FILING DATE <i>03-12-9</i>	
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.	<i>5</i>								
TOTAL DEP.	<i>17</i>								
TOTAL CLAIMS	<i>22</i>								
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									